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Team Up Against Sepsis: Six Tasks in Sixty Minutes

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Background
- Sepsis causes high mortality rate among hospitalized patients
- Early recognition and treatment in the Emergency Department (ED) can reduce sepsis-related mortalities
- Evidence-based sepsis treatment bundles facilitate early recognition and prompt more rapid treatment

Purpose/Goals
- Improve sepsis early recognition and treatment in a 42-bed ED by:
  - Initiation of 2-RN response to bedside for at least 80% of all sepsis alerts made among ED patients with suspected sepsis
  - Completion of 6 tasks within 60 minutes of all sepsis alerts
  - Reduction of time from sepsis alert to sepsis bundle order and antibiotic administration among sepsis-positive ED patients
- Reduce hospital-wide sepsis-related mortality rates by the end of the project compared to rates in the two quarters prior

Methods
- Sepsis treatment knowledge survey pre and post intervention
- Staff education on evidence-based practice change: 2-RN response to ED sepsis alerts, or “Team Up Against Sepsis”
- Practice change reminders placed on all computers (Figure 1).
- All ED staff were given pens stating “Team Up Against Sepsis”

Figure 1. Team Up Against Sepsis Reminder Card

Intervention
- ED nurses implemented a 2-RN team response to ED sepsis alerts beginning in fourth quarter 2019
- While 1 RN documented all assessments, the other completed “6 tasks within 60 minutes” as indicated:
  1. Blood collection: CBC, CMP, PT/INR, Procalcitonin, and Blood cultures (BC) x 2
  2. Lactate collection and placement on ice
  3. Urine collection
  4. Fluid resuscitation at 30 ml/kg (if bundle ordered)
  5. Oxygenation (monitoring and optimization)
  6. Antibiotic administration (if bundle ordered)
- Strategies to incentive and recognize nursing adherence to practice change included:
  - Recognition in unit newsletter
  - Drawing entry for $5 cafeteria gift cards
  - Written kudos notes from EBP project leads

Evaluation
- Initially, time to antibiotic administration from paged alert among sepsis-positive ED patients averaged 221 minutes
- Post-implementation data demonstrated:
  - Overall hospital mortality decreased (mean = 0.8)
  - 73% of sepsis alerts received a 2-RN response
  - Decreased time from alert to antibiotic (mean=100 minutes)
  - Decreased time to antibiotic from order (mean=71 minutes)
  - Increase in time-to-treat during February and March reflects higher acuity patients and higher census
  - Decrease in % 2-RN response to ED sepsis alerts in March due to coronavirus pandemic, limiting PPE usage and staff exposure.
  - Wide variability for alert to provider ordering antibiotic skewed “6 tasks in 60 minutes” project goal
  - Data on alert to completion of 5 tasks recorded
  - 1st Qtr 2020 (mean = 58 minutes)

Next Steps
- Post-survey will be given to ED staff June 2020
- Perceived effectiveness of project and sepsis knowledge
- Hospital-wide adoption of the practice change: 2-RN response
- EBP team champions advocate for hard-wired practice change
- Implementation of 2-RN response to be replicated
- Sister ED at Providence Sacred Heart Medical Center

Table 1. Providence Holy Family Hospital Sepsis Mortality Rate

![Table 1. Providence Holy Family Hospital Sepsis Mortality Rate](image)

References
- References provided on request.

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